

Study finds opposition to the Voice is linked to poorer Indigenous health—in some regions, the link is striking

August 4 2024, by Karinna Saxby, Luke Burchill, Yuting Zhang and Zoe Aitken



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A majority of Australians [voted](#) "no" to an Indigenous Voice to Parliament. But if we dig deeper into the data from the 2023 referendum, there is more to learn, especially about the health of Indigenous Australians living in communities with strong opposition to the Voice.

It is a picture both striking and urgent.

In research [published](#) in *The Lancet Regional Health - Western Pacific* we show for the first time that Indigenous Australians living in regions more strongly opposed to the Voice had poorer health.

When we mapped community-level opposition to the Voice to Australians' health, we found Indigenous Australians were more likely than non-Indigenous Australians to report poorer general and mental health. But Indigenous Australians were less likely to access health care. These inequalities were larger in areas with higher opposition to the Voice.

Our results likely reflect underlying negative attitudes towards Indigenous Australians and fewer culturally sensitive options for accessing health care in some regions. Both impact Indigenous Australians' health in numerous ways.

What we did and what we found

We started with the national map of voting patterns to identify regions with the highest level of opposition to the Voice (defined in this study as regions of Australia where more than 72% of [community members](#) voted "no").

Next, we compared regions with high versus lower levels of opposition to the Voice with Australians' health. We did this using a 2021 [national](#)

[survey](#), which included information on self-reported general health, mental health, and use of health care in the past year.

Our study showed that compared to Indigenous Australians living in areas with low opposition to the Voice, Indigenous Australians living in communities with the highest opposition to the Voice were more likely to report poor general and mental health, and were less likely to have visited any [health care provider](#) in the past year.

We did not see the same disparities for non-Indigenous Australians.

For example, in areas with the greatest support for the Voice, Indigenous and non-Indigenous Australians reported similar levels of poor mental health (16% for both Indigenous and non-Indigenous). Whereas in areas with the strongest opposition to the Voice, 27% of Indigenous Australians reported poor [mental health](#) compared with 15% of non-Indigenous Australians.

In areas with the greatest support for the Voice, the proportion of Indigenous Australians who had seen any health care provider was 78%, which was higher than the proportion for non-Indigenous Australians, at 71%. But in areas with strongest opposition to the Voice, the proportion visiting any provider was markedly lower for Indigenous Australians (54%) but not for non-Indigenous Australians (68%).

Altogether, this suggests that despite being in poorer health, Indigenous Australians living in areas with stronger opposition to the Voice are less likely to access health care.

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